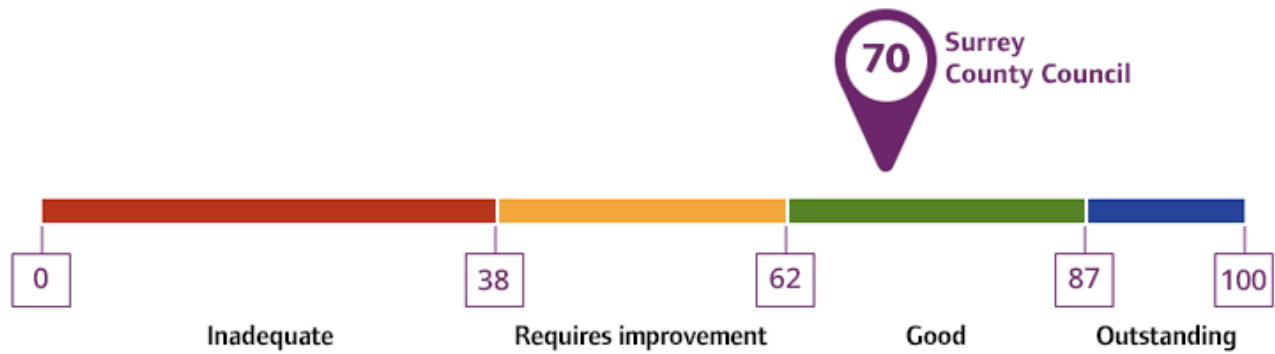


# Overall Summary

## Local authority rating and score

Surrey County Council

Good



## Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 3

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## Care provision, integration and continuity

Score: 3

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## Partnerships and communities

Score: 3

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## Safe pathways, systems and transitions

Score: 3

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## Safeguarding

Score: 2

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## Governance, management and sustainability

Score: 3

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## Learning, improvement and innovation

Score: 3

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# Summary of people's experiences

People gave us varied feedback in relation to their experiences of receiving care and support in Surrey. For example, one person was assessed and felt listened to, achieving the outcome they wanted, which was to return to live at home. Other people had similar good experiences with staff focusing on what people wanted plus their future wishes, people described staff as being empathic and showing them respect. Other areas of feedback were around not always getting the same person to speak with at the local authority, people waiting for a response sometimes, and not always feeling like they were offered options. People told us reviews of their care needs had taken place in a timely way resulting in detailed support plans, with one person explaining how their care needs reduced from the support they received.

Feedback from unpaid carers was much more negative with typical comments including assessments not being offered, not being accurate, or not always being sure what the outcome of an assessment was. Difficulties around respite care were a common theme raised. Some other unpaid carers however were much more positive, with some using direct payments to access a break from caring, and others describing their social workers as supportive and accessible. A co-produced carers strategy had been implemented alongside a number of other positive changes which were underway currently and focused on continuing to improve support for unpaid carers.

Navigating systems to get information and advice varied, with some people having a better experience than others. For example, advice and information was given by a social worker on how to access services and facilities for one person, but others felt information and advice given was not always easy to understand.

In relation to the provision of equipment, one person described having a poor experience. However, by contrast, a moving and handling assessment led by an Occupational Therapist saw equipment being provided to enable safe practices being followed whilst continuing to support a person with advancing care needs. The person and the unpaid carer felt fully involved and consulted with, which led to a detailed support plan and consistent approach being provided by their care agency.

Although the usage of direct payments was higher in Surrey compared to other local authority areas, there were some issues identified in relation to managing these. Some people felt the process was difficult to manage, the use of the payment was not flexible, and payments were not always enough to meet required needs. More positively, direct payments provided the flexibility to meet other people's needs well, and this suited them.

Feedback in relation to transitions for young people between children's and adult services was inconsistent. Some people had not felt supported and said processes could be lengthy and co-ordination better. However, contrasting comments were that social workers were supportive and could be contacted easily. One young person's service was increased, and the process was described as 'smooth and efficient.'

In terms of leaving hospital this was much more positive with assessments being completed overall recognising people's wishes and goals. One person was offered a virtual ward service to support them and the unpaid carer in their own home.

People's experience of safeguarding was mixed with some people stating the local authority showed an understanding of abuse and neglect and were able to work with other agencies to reduce the risks and prevent future risks. Another person however felt their cultural needs had not been understood well enough during the safeguarding process.

## Summary of strengths, areas for development and next steps

Assessments, care planning and reviews were carried out by staff using a strengths-based approach and considering people's wishes and goals. Waiting lists were improving in many areas, however challenges remained in care review waiting times and carrying out unpaid carers assessments in a timely way. A variety of work had been carried out to improve the local authority's support for unpaid carers, however local authority leaders recognised there was still more to do, and this was reflected in the feedback we received. Staff showed an awareness of the advocacy services available for people. Work had taken place to ensure a better understanding of advocacy and the importance of using this.

A variety of measures were in place to prevent, reduce and delay people's needs. The local authority worked with health partners to deliver integrated reablement services that enabled people to return to their optimal independence. Use of direct payments were high however it had been identified more work was needed to improve how these were managed to support people further. People could access information and advice where needed and improvements had been made to streamline this further. Feedback about equipment services was mixed and there were some challenges from working across different districts and boroughs in Surrey in relation to adaptations. Some innovative approaches to care were being piloted in some areas.

The local authority had taken steps to ensure its commitment to equality, diversity and inclusion was meaningful and this was evident in the strategic approach, passion of staff and in the range of work underway with communities. Initiatives supported staff in terms of training and equality networks although there was a recognition that more work was still needed. Inclusion and accessibility arrangements were in place, but work was needed to ensure equity for people in relation to access to technology.

Robust quality assurance processes were evident in relation to provider services, with positive feedback from a partner given in relation to the support they received when improvements were required. Gaps had been identified in care provision arrangements, for example in relation to supporting people with complex needs, and steps were being taken to try to address these gaps. The local authority was involved in initiatives to support the recruitment and development of the wider social care workforce in Surrey to help ensure services remained sustainable.

There was good partnership working between the local authority, health and some other voluntary sector partners. A number of successful initiatives had taken place to improve systems including the 100 day challenge with hospital staff. Co-production had taken place working with partners; however, it was felt aspects of this could be further improved.

Transitions for young people were reported to be an area where improvements were needed. In terms of people being discharged from hospital, work was underway as part of the transformation programme to ensure systems and processes were more consistent. Staff worked creatively to support people with complex needs. Contingency plans were in place for people, to enable local authority staff along with care providers to manage unexpected or emergency situations.

Although data for Surrey and people's experience of safeguarding were overall positive, concerns were raised by some staff and partners in relation to some new safeguarding processes which were not yet embedded, alongside the knowledge and understanding of safeguarding by some of the local authority staff. Challenges remained in areas relating to the management of Deprivation of Liberty Safeguards (DoLS), however work had taken place to streamline processes.

A programme of transformation was underway and being further reviewed to continue to drive this forward. There had been a number of changes in local authority leadership arrangements, however it was hoped there would now be further stability with permanent roles in place. Systems and processes had been developed to ensure oversight and assurance of performance and quality was maintained. Ongoing challenges continued in relation to areas such as staff recruitment and retention. Co-produced strategies were in place, for example, a Carers Strategy to drive forward improvements in services and support for unpaid carers.

Staff were supported with training and career development opportunities. However, felt that it could be difficult to always access or make time to complete training. Staff were able to influence and drive improvements in the way systems and processes supported people. Technology initiatives had been used to support people to increase their skills and independence. Learning from complaints took place to ensure improvements could be made to prevent reoccurrence where possible.